

Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

AACE

American Association of
Clinical Endocrinologists
Ohio River Regional Chapter

ADA

American Diabetes
Association

DECA

Diabetes Educators
Cincinnati Area

GLADE

Greater Louisville Association
of Diabetes Educators

JDRF

Juvenile Diabetes Research
Foundation International

KADE

Kentucky Association of
Diabetes Educators

KEC

Kentuckiana Endocrine Club

KDN

Kentucky Diabetes
Network, Inc.

KDPCP

Kentucky Diabetes Prevention
and Control Program

TRADE

Tri-State Association of
Diabetes Educators

A Message from Kentucky Diabetes Partners

KENTUCKY DIABETES SUMMIT SETS EXAMPLE FOR NATION!



Lt. Governor, Dr. Daniel Mongiardo (left) and Former Congressman Newt Gingrich (right) at the Kentucky Diabetes Solutions Summit

Submitted by: Carol Czirr Russell, Chief Professional Officer, Public Precedent, Inc.

Kentucky leads the nation as health care advocates, treatment, prevention and research professionals, government officials, and others met January 7th, at the Marriott Griffin Gate Resort in Lexington, to discuss strategies and solutions for confronting the diabetes epidemic in Kentucky.

The over 150 attendees heard a variety of speakers address topics ranging from ways to



Newt Gingrich (center) meets Kentucky Diabetes Network (KDN) President, John Bunton (left) and Past President of KDN and Advocacy Chair, Greg Lawther (right)

improve the health care delivery system to meeting the challenges children with diabetes face in school.

The Lane Report joined the American Diabetes Association, Kentucky Diabetes Network, Kentucky League of Cities, KET, GlaxoSmithKline (founding sponsor), Novo Nordisk, Amylin, DaVita, Sanofi Aventis, Lilly, Get Healthy Kentucky and Babbage Cofounder as sponsors of the event.

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Stewart Perry, National Chair of the American Diabetes Association's Board of Directors and one of the Summit organizers, set the tone for the day-long conference at the outset. "We are here to talk about real, meaningful solutions that will help diabetes sufferers and their families deal with the effects of the disease and help our state cope with the enormous tangible and intangible costs."

The meeting attracted a diverse group of leaders and experts on health care issues from across the United States including former House Speaker Newt Gingrich, a Republican and CEO of the Center for Health Transformation, and Lt. Governor Dan Mongiardo, a physician and a Democrat.

GINGRICH OUTLINES STEPS FOR MAKING HEALTH CARE MORE EFFICIENT

By his own estimates, former speaker of the U.S. House of Representatives, Newt Gingrich, spends about 40% of his time on health issues. He is the founder of the Center for Health Transformation, a collaboration of leaders dedicated to the creation of a 21st Century Intelligent Health System that saves lives and saves money.

In a lively and thought-provoking address to the Diabetes Summit, Gingrich illustrated how existing technologies could be applied in practical ways to make health care more efficient and less costly in America.

"There are things that could be done using modern technology to enable us to have a stunningly efficient, rapid and high response rate based on expert systems," Gingrich said.

We have to recognize those tools that work and apply them to our strategies for managing diabetes solutions.

An example would be the customer-oriented, market-oriented system of entrepreneurship created by FedEx and others that enables them to deliver millions of packages every day and allows customers to track them online for free.

"A UPS truck has more computing power than the Apollo 13 lunar lander," Gingrich said. "On the other hand, there were a number of senior citizens abandoned in a nursing home in New Orleans during Katrina who drowned in isolation. Now why is it that a \$9.95 package can be tracked and a human being can't be?"

Gingrich used that and other examples to describe "a world

that works and a world that fails". Gingrich said, "The potential is there for us to have an absolute fundamental revolution in the productivity of governing systems over the next generation if we can get government to migrate to the world that works".

Gingrich urged the audience to think about the scale of change that is possible if we can figure out how to move to the world that works, how to use evidence based government and the models of metrics, how to use information technology, and how to capture the extraordinary opportunities of science.

COOPERATION IS ONE KEY TO SUCCESS

Just days after taking the oath of office, KY Lt. Governor Dan Mongiardo attended the Summit to introduce former Speaker of the United States House of Representatives, Newt Gingrich. Mongiardo used the opportunity to pledge cooperation and stressed the importance of non-partisan

efforts if progress is to be made in combating chronic diseases like diabetes.

"The urgency and importance of changing a failing health care delivery system....is so great," said Mongiardo, "that everyone can join together as we move down the path together making this collective vision a reality.

Gingrich responded in kind saying, "I am very honored that the Lt. Governor would introduce me and I look forward to working with him on a number of broad issues that are important to all Kentuckians and to all Americans. I do think that when you come to issues of life and death that partisanship should be a lot less important and practicality and solutions should be a lot more important."

Speeches by Gingrich, Mongiardo and others attending the Diabetes Summit can be viewed at www.publicprecident.org.



Over 150 Professionals and Diabetes Advocates Attended the Kentucky Diabetes Summit Held in Lexington on January 7, 2008

SUMMIT ATTRACTS NATIONAL LEADERS AND ADVOCATES

With so many people suffering from diabetes in Kentucky and with the costs of treatment and prevention continuing to rise, it is no surprise that Kentucky is a national leader in efforts to develop solutions and strategies for managing diabetes.

As a result, the Diabetes Summit attracted experts from all across America to participate in the January 7 event.

Bob Ingram, Vice Chairman of Pharmaceuticals at GlaxoSmithKline previously served as the Chief Operating Officer and President of Pharmaceutical Operations, is a strong advocate for voluntary corporate wellness programs. Ingram formed the CEO Roundtable on Cancer at the request of former President George H.W. Bush. The Roundtable encourages companies to be proactive in organizing and sponsoring wellness programs on the job.

Keynote speaker for the Summit was Dr. Francine Kaufman, MD, Distinguished Professor of Pediatrics and Communications, The Keck School of Medicine and the Annenberg School of Communications, University of Southern California. Dr. Kaufman is also Director of the Comprehensive Childhood Diabetes Center, Head of the Center for Endocrinology, Diabetes and Metabolism, Childrens Hospital Los Angeles.

Former Miss America Nicole Johnson (1999), international diabetes advocate and co-host of a new weekly television program on CNBC, "dLifeTV" was moderator for the Summit. Johnson was recently named the first Ambassador for the International Diabetes Federation's *Life for a Child* program, which advocates for endangered children with diabetes around the world. In 2005, Johnson also launched a national essay competition and website called *Diabetes Heroes*. She also writes monthly columns for *Diabetes Health* and Georgetown University's *MyCareTeam* website.

Ann Albright, PhD, RD, is Director of the Division of Diabetes Translation for the Centers for Disease Control and Prevention. As director, Dr. Albright leads a national team who strive to eliminate the preventable burden of diabetes through leadership, research programs, and policies that translate science into practice. Dr. Albright is well known for her work in diabetes including the implementation of evidence-based diabetes care guidelines, work on models of care in community clinics, and development of public awareness campaigns to increase the understanding of diabetes and importance of blood glucose control.

Also speaking at the Diabetes Summit were:

- Crystal Jackson, Associate Director of Legal Advocacy at the American Diabetes Association (ADA)'s National Office
- Daniel G. Garrett, MS, FASHP, Senior Director,

Medication Adherence Programs, American Pharmacists Association Foundation

- Jay Hedlund, Medicare Diabetes Screening Project, Novo Nordisk Inc.

Sylvia Lovely, President of the New Cities Institute, and Al Smith, renowned Kentucky journalist and recently retired host of KET's *Comment on Kentucky*, were honorary chairs of the event.

HEALTH CARE HEROES RECOGNIZED AT AWARDS LUNCHEON

The American Advocates for Health recognized individuals for contributions in 2007 to the advancement of health policies and programs in Kentucky (www.say-aah.com). Recipients were recognized at a luncheon Monday, January 7 during the Kentucky Health Solutions Summit at the Marriott Griffin Gate Resort.

Public Progress Award: **CAROLYN DENNIS, RD**

Lifetime Achievement Award: **SHIELA SCHUSTER, PhD**

Legacy in Public Health Award: **Hon. TOM BURCH ;
Hon. JULIE DENTON**

Volunteer Service Award: **BERNIE VONDERHEIDE**

Health Achievement Award: **WOMEN OF THE KENTUCKY GENERAL ASSEMBLY (Hon. CAROLYN BELCHER, Hon. LESLIE COMBS, Hon. JULIE DENTON, Hon. JONI L. JENKINS, Hon. ALICE FORGY KERR, Hon. RUTH ANN PALUMBO, Hon. TANYA PULLIN, Hon. MARIE RADER, Hon. KATHY W. STEIN, Hon. DOTTIE SIMS, Hon. KATIE STINE, Hon. ELIZABETH TORI, Hon. ROBIN WEBB, Hon. SUSAN WESTROM, Hon. ADDIA WUCHNER)**

National Innovation Award: **MARK BIRDWISTELL**

Stewart Perry National Volunteer Service Award: **LAWRENCE SMITH**

Albert P. Smith Award: **DEBORAH YETTER, LAURA UNGAR, Louisville Courier-Journal**

Public Advocacy Award: **GREG LAWATHER**



Honored with the Health Achievement Award: Women of the Kentucky General Assembly (l-r) Sen. Denise Harper Angel, Rep. Leslie Combs, Rep. Kathy Stein, Sen. Julie Denton, Rep. Alicia Webb-Edgington, Sen. Alice Forgy Kerr, Rep. Ruth Ann Palumbo, Rep. Joni Jenkins, Rep. Marie Rader, Rep. Robin Webb, Rep. Tonya Pullin

LATEST KIDNEY DISEASE AND DIABETES RECOMMENDATIONS

*SPECIALLY WRITTEN FOR
KENTUCKY DIABETES CONNECTION*

Submitted By: Andrew S. Narva, MD, Director, National Kidney Disease Education Program

Background

Diabetic Kidney Disease (DKD) is a growing health problem in the United States -- nearly nine million Americans have lost more than half their kidney function! This growth is due in large part to the increased prevalence of diabetes. In Kentucky, 2006, 38.1% of new end stage renal disease (ESRD) cases were due to diabetes and 40.9% of prevalent ESRD patients had diabetes as the cause of their kidney failure.

Many of the therapeutic interventions for DKD are similar to those required for optimal diabetes care, such as control of blood pressure, lipids, and glucose. Recognizing DKD as part of the comprehensive approach to the treatment of diabetes, and managing it prior to referral, can help improve patient outcomes. Important additional interventions in patients with DKD include screening for anemia, malnutrition, and disorders of mineral metabolism; dietary modification; and patient education.

As a diabetes professional, you can play a very important role in educating your patients about their risk for DKD, the importance of testing, and risk reduction steps they can take. And through education, you can also begin to prepare your patients for the possibility of kidney failure and treatment.

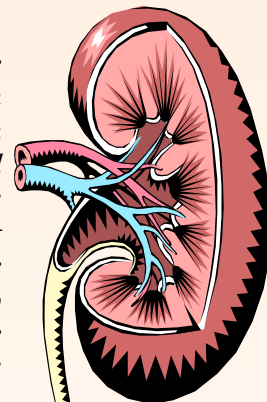
The National Institutes of Health's National Kidney Disease Education Program (NKDEP) is developing plain language messages and materials to help diabetes educators and other health professionals educate their patients about kidney disease.

The following are four kidney education concepts developed by NKDEP for discussion with patients. Suggested language for you to use and tailor is included. Many of the messages are consistent with the American Association of Diabetes Educators (AADE) 7 Self-Care Behaviors tool, making it easier to integrate kidney education into diabetes education.

FOUR KIDNEY EDUCATION CONCEPTS FOR EDUCATORS

1. Talk to patients about the kidneys, kidney disease, and their risk. Often patients do not have a good understanding of how their kidneys function or their risk for Diabetic Kidney Disease (DKD).

What do the kidneys do? *You have two kidneys. They are bean-shaped, and about the size of a fist. They are located in the middle of your back, on the left and right of your spine. Each kidney contains about a million tiny filters made up of blood vessels. The kidneys' main job is to filter your blood, removing wastes and extra water to make urine. The kidneys also help to control blood pressure and make hormones that your body needs to stay healthy.*



What is Diabetic Kidney Disease (DKD)? *DKD happens when diabetes damages the blood vessels in the kidneys and the kidneys do not filter blood as well as they used to. Usually this damage happens slowly, over many years. As more and more filters are damaged, the kidneys eventually are unable to keep the body healthy—at which point either dialysis or a kidney transplant is needed.*

Why are you at risk? *You are at risk because you have diabetes. Diabetes is the leading cause of kidney disease and kidney failure.*

How can you reduce your risk? *The steps that you take to manage your diabetes also help to protect your kidneys. This includes monitoring your blood glucose according to the recommended schedule and monitoring your blood pressure (keep it below 130/80 mmHg). It also includes eating healthy and being active. It very important to get your kidneys checked at least once a year.*

2. Communicate the importance of testing and how kidney disease is diagnosed. This can empower patients to become more active in monitoring their kidney health.

What are the symptoms of kidney disease? *Kidney disease is often called a “silent” disease because most people have no symptoms until their kidneys are about to fail. The only way to know if you have kidney disease is to get tested. The sooner kidney disease is found, the sooner you can take steps to begin treatment*

and keep your kidneys healthier longer.

How do you check for kidney disease? A blood test and a urine test are used to find kidney disease. Because you have diabetes, you should get these tests every year.

GFR - A blood test measures how much blood your kidneys filter each minute, which is known as your GFR (glomerular filtration rate). This shows how well your kidneys are working. A GFR of 60 or higher is in the normal range. A GFR below 60 may mean you have kidney disease. You can't raise your GFR, but you can try to keep it from going lower.

Urine Protein - A urine test checks for protein in your urine, which can be a sign of kidney disease. Protein can leak into the urine when the filters in the kidneys are damaged. This test has several different names, including a check for "proteinuria," "albuminuria" or "microalbuminuria." It can also be called a "urine albumin-to-creatinine ratio."

3. Explain the progressive nature of DKD and the basics of treatment. Patients should understand that kidney damage is irreversible but dialysis is not inevitable. The treatments are very similar to treatment of diabetes and its complications.

Can kidney disease get better? DKD is a progressive disease, which means that it will not get better and is likely to get worse. The damage in the kidneys tends to be permanent and can't be undone. Treatment for DKD helps to slow down kidney disease and keep the kidneys healthier longer.

What type of diet and lifestyle changes do you need to make? Eating healthy, being active, and limiting use of salt can help to keep the kidneys healthier longer. Following a personalized diet developed by a nutrition professional is also very important.

Are there medications for kidney disease? Your healthcare provider will figure out which medications you should take to manage your diabetes, lower your blood pressure, and protect your kidneys. Two types of blood pressure medications — angiotensin converting-enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs) — have been shown to slow down kidney disease and delay kidney failure, even in people who do not have high blood pressure. Many people need to take two or more medications to keep their blood pressure below recommended levels

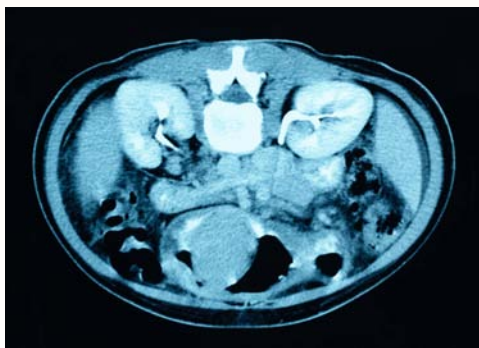
(130/80 mmHg). A diuretic (water pill) is often necessary.

4. Begin to speak to patients with DKD about dialysis and transplantation. Patients who develop kidney failure benefit from early education about dialysis and transplantation. Early education gives them time to process the information and prepare both psychologically and physically, e.g., vascular access surgery and transplantation evaluation.

Will you ever need dialysis? With proper diabetes management and blood pressure monitoring, you may never need dialysis or not for a very long time. But, if you progress to kidney failure (sometimes called end-stage renal disease, or ESRD), we will need to find a treatment that can replace the job of your kidneys.

What is dialysis? Dialysis replaces the work your kidneys do by filtering wastes and water from your blood. There are two forms of dialysis. In **hemodialysis**, blood is run through an external filter and the clean blood is returned to the body. Hemodialysis is usually done at a dialysis center three times a week. **Peritoneal dialysis** uses the lining of your abdominal cavity (the space in your body that holds organs like the stomach, intestines, and liver) to filter your blood. This kind of dialysis is needed daily but it can be done at home, while you sleep.

Is kidney transplant an option? Some people with kidney failure may be able to receive a kidney transplant. The donated kidney can come from an anonymous donor who has recently died, or from a living person—a relative, spouse or friend. A kidney transplant is a treatment—not a cure. You will need to see your healthcare provider regularly and take medications as long as you have the transplant.



In addition to these patient education messages, NKDEP has also developed information for diabetes educators about assessing kidney function in patients with diabetes. **The Quick Reference on Urine Albumin to Creatinine Ratio (UACR) and Glomerular Filtration Rate (GFR)** summarizes key information about the two measures, including guidelines, benefits, and interpreting results. You can download this document from the NKDEP website at nkdep.nih.gov/resources/uacr_gfr_quickreference.htm.

NKDEP is an initiative of the National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health (NIH), U.S. Department of Health & Human Services. NKDEP aims to reduce the morbidity and mortality caused by kidney disease and its complications. For more information, visit NKDEP online at nkdep.nih.gov.

KENTUCKY DEATH CERTIFICATE

“DIABETES QUESTIONS” MAY BE CHANGING

House Bill 36 Passes the House and is Now in the Senate

*Submitted by: Bob Babbage, Founder and Chairman,
Babbage Cofounder, Lexington, KY*

House Bill (HB) 36, which is intended to improve the accuracy of Kentucky’s diabetes mortality data, has passed the House and is now waiting approval of the Senate.

In 2002, in order to obtain more accurate data regarding Kentucky’s burden of diabetes, legislators passed a law that required 2 questions (diabetes check boxes) be added to Kentucky death certificates:

- 1) *Did the deceased have Diabetes? and*
- 2) *Was Diabetes an immediate, underlying, or contributing cause of, or condition, leading to death?*

When data from these 2 questions (diabetes check boxes) was examined and compared to mortality data before their addition in 2002, it indicated that diabetes was indeed being underreported in Kentucky. However, the data has also shown that the addition of these 2 questions (“diabetes check boxes”) has actually worsened the official reporting of diabetes in Kentucky. This is due to the fact that only data “written in” Part I “Cause of Death” section or Part II “Contributing Cause of or Condition Leading to Death,” is counted within Kentucky’s mortality data by the **National Center for Health Statistics (NCHS)**. Diabetes data collected within the “diabetes check boxes” **IS NOT** counted in Kentucky’s mortality data by NCHS.

Due to the issues outlined above as well as the numbers of death certificates being returned when knowledge of diabetes is not known, diabetes advocates and the Kentucky Department for Public Health recommended the following two changes:

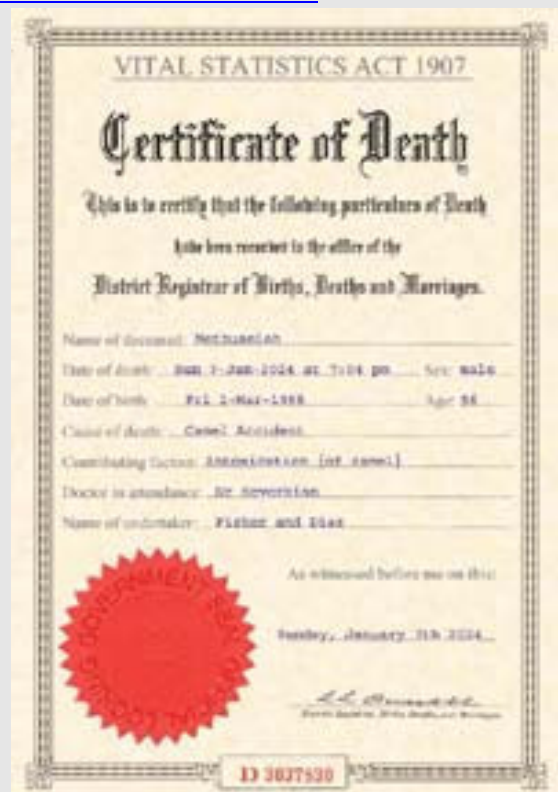
1. Delete the “diabetes check boxes” from Kentucky death certificates and replace them with the following statement (to be placed immediately above Part I of the death certificate):

Note: *Kentucky data has shown that diabetes is underreported on death certificates – if known, document diabetes as a “cause of” or “contributing cause of” death as appropriate.*

2. In addition, training regarding the above should be provided for anyone with responsibility for completing a Kentucky death certificate.

While HB 36 does include language to delete the “diabetes check boxes” from Kentucky death certificates, it does not specifically contain the language outlined in #1 above. However, the recommendation for specific language regarding diabetes to be added to Kentucky death certificates was noted by Dr. William Hacker, Commissioner for the Kentucky Department for Public Health, in testimony before the Health and Welfare Committee, and again by the sponsor of HB 36, Representative Hubert Collins. In fact, when the House passed HB 36, the “new” recommended language was read into the record by Rep. Collins. Dr. Hacker has indicated that the Kentucky Department for Health Services can add the “new” language regarding diabetes to Kentucky death certificates.

To view HB 36 and note its progress through the Kentucky legislature, go to: <http://www.lrc.ky.gov/RECORD/08rs/HB36.htm> and <http://www.lrc.ky.gov/RECORD/08rs/HB36/bill.doc>.



ACCORD RESEARCH STOPPED ABRUPTLY DUE TO DIABETES DEATHS

Researchers Question Risk of Tight Control of Blood Glucose

Submitted by: Teresia Huddleston MS, RD, LD, CDE, Kentucky Diabetes Prevention and Control Program, Barren River District Health Department, KDN and TRADE Member

The diabetes arm of a major research study was abruptly halted after researchers noted an increased risk of death among diabetes patients. Researchers indicated that tight control of blood glucose might be a possible cause.

The **ACCORD** (*Action to Control Cardiovascular Risk in Diabetes*) and The **ADVANCE** (*Action in Diabetes & Vascular Disease: Preterax and Diamicron MR Controlled Evaluation*) trials were in the spotlight recently with differing findings regarding blood glucose control and associated risk in type 2 diabetes. *NOTE: Preterax is an ACE inhibitor / diuretic combination, and Diamicron MR is a sulfonylurea which is not currently approved in the United States.*

On February 1, 2008, the National Heart, Lung and Blood Institute, which sponsors the **ACCORD** trial, released a statement that it would halt the diabetes arm of **ACCORD** 18 months early. This was due to an increase death rate in the intensive management group. Of the 10,000 patients enrolled, 257 in the intensive management group died; compared with 203 receiving the standard treatments. Researchers indicated that the detrimental effect of intensive therapy was not due to hypoglycemia or any specific combination of drug therapies.

Then on February 14, 2008, the **ADVANCE** trial, the largest clinical trial on diabetes ever conducted (11,000 participants in 20 countries) stated that in preliminary analysis, no such high risk of death was found with intensive control of blood glucose levels. Patients in the **ADVANCE** trial received medications not currently available in the United States.

The target Hemoglobin A1C level in the “intensive groups” of both studies was < 6 %.

The American Diabetes Association (ADA) also released a statement regarding the studies. The ADA advised people with diabetes to strive for an A1C of less than 7 percent. ADA noted that recent data indicated that more than half of the population with diabetes in the U.S. has an A1C less than 7 percent and this overall level of glucose control appears to be of great benefit rather than harm.

The ADA noted that the importance of glucose control in diabetes is firmly established. Evidence from the landmark Diabetes Control and Complications Trial (DCCT), and the UK Prospective Diabetes Study (UKPDS) have shown that

improved glucose control to a level of approximately 7 percent reduces the complications of diabetes dramatically. ADA noted that they looked forward to more analysis of the data from **ACCORD**, as well as other ongoing studies that may shed more light on this issue.

At this time, the American Diabetes Association advised people with diabetes who have existing cardiovascular disease (CVD), or multiple CVD risk factors, to consult with their health care team about their treatment goals and to ensure that their blood pressure and cholesterol are appropriately managed. For more information on the ADA response, contact Diane Tuncer at (703) 549-1500 ext. 5510.

Implications for Diabetes Educators:

- **ACCORD** and **ADVANCE** are only 2 studies. Results are expected later this year from a third study.
- The intensive glycemic control group target A1c was < 6 %; many Type 2's have not met the standard glycemic control target of 7.0% – 7.9%
- Both studies include cardiovascular disease
 - Discuss blood pressure management; recommend angiotensin -2 receptor antagonists for kidney protection, if indicated
 - Emphasize lipid management — individuals with diabetes should have different treatment goals.
- Patients should be encouraged to make gradual lifestyle changes to improve blood glucose, blood pressure and lipid levels.
- Diabetes educators must stay current with data, trial findings, and pharmacological studies, so they can provide up to date diabetes information to patients. Informed patients are empowered patients.



DEVASTATING TOLL OF DIABETES REACHES \$174 BILLION

Study reveals costs have climbed 32% since 2002

Diabetes is costing Americans \$174 billion annually, a figure that has increased by 32 percent since 2002, according to a study commissioned by the American Diabetes Association (ADA). The ADA, leaders from the Congressional Diabetes Caucus, and diabetes experts discussed the economic impact of this compelling new data as Dr. Ann Albright, in her role as the American Diabetes Association (ADA) President for Health Care and Education and Dr. Ed Gregg, representing the Centers for Disease Control and Prevention (CDC), participated in a briefing on Capitol Hill in January to announce the 2007 ADA diabetes economic data.

The study reveals that the direct economic costs associated with diabetes have reached unprecedented levels. Medical expenditures of care for people with diabetes are estimated to be \$116 billion, with a disproportionate percentage of the costs resulting from treatment and hospitalization of people with diabetes-related complications. The findings also suggest that 1 out of every 5 health care dollars is spent caring for someone with diagnosed diabetes.

According to Ann L. Albright, PhD, RD, President, Health Care & Education, ADA, and the Director of the Centers for Disease Control and Prevention (CDC) Diabetes Translation Division, "The findings re-affirm that diabetes is a public health crisis and its implications are painful and far reaching. This underscores the importance of early diagnosis and

treatment. Diabetes becomes much more costly in financial and human terms when the disease is not properly treated."

"Diabetes plagues more than just the individual with the disease. It is common, it is costly, it creates numerous complications, and there is no cure. Until we start reversing current trends, through increased awareness, prevention and aggressive disease management, diabetes will continue to have an adverse impact on our society as a whole," said R. Stewart Perry, Chairman of the Board, ADA.

New Diabetes Cost Data Summary

- o **Total (direct and indirect): \$174 billion**
- o **Direct medical costs: \$116 billion**
- o **Indirect costs (related to disability, work loss, premature death): \$58 billion**
- o **Caring for someone with diagnosed diabetes: \$1 in \$5 of health care costs**

Note: The study referenced above was conducted by the Lewin Group and is entitled: "The Economic Costs of Diabetes in the U.S. in 2007." The study is available on the ADA's website at www.diabetes.org/cost.



KY BOARD OF NURSING COMPLETES APPOINTMENTS FOR SUBCOMMITTEE OF MEDICATION TASK FORCE

Will Affect Diabetes Care in Schools



KENTUCKY BOARD OF NURSING

Submitted by: Sharon Eli Mercer, MSN, RN, CNAA, BC, Nursing Practice Consultant, Kentucky Board of Nursing, Louisville, KY

Note: This serves as an update to an article appearing in the 4th Quarter, 2007, edition of this newsletter.

In the fall of 2007, the Kentucky Board of Nursing (KBN) appointed a six member task force to review the administration of medications by unlicensed persons, especially as it affects the provision of medication (insulin) for children in the school setting.

The task force met for the first time on November 29th and its members include: **Dr. Jimmy Isenberg, Chairperson, KBN Board Member; Catherine Hogan, RN, KBN Board Member; Debra Phillips, LPN, KBN Board Member; Karen Erwin, KY School Nurse Consultant; William Twyman, Retired School Superintendent; and Melissa Mudd, Parent.**

Recently there was also a subcommittee appointed by KBN who will work closely with the task force. This task force and the subcommittee that will work with it will be focused on school medication issues which will include diabetes care. The Taskforce Subcommittee on School Health Issues, Membership Roster includes:

Karen Erwin, RN, MSN
Chair
KY Department of Education

David Baird, Asst. Executive Director
Kentucky School Boards Association

Alternate to Mr. Baird
Jean Crowley

Charlotte F. Beason, RN
KBN Executive Director
Ex-Officio

Mary Burch, RN
Erlanger-Elsmere Schools Health Coordinator
KY Director, National Association of School Nurses

Sandi Clark, RN
KY Department for Public Health
Maternal & Child Health Branch

Michael Denney, Assistant Director
CHFS/Family Resource & Youth Service Centers

Laura Donahue, ARNP
Jefferson County Public Schools/ Department for Health Services

Stephen Harrison
Director of Pupil Personnel
Jefferson County Public Schools

Linda Hunt
Special Education Teacher Consultant

Kayne Ishmael, UniServ Director
KEA KESPA District Office

Janice Jackson, RN
Kentucky PTA – Board of Directors

Maureen Keenan, JD
Executive Director
Kentucky Nurses Association

Sharon Eli Mercer, RN
KBN Nursing Practice Consultant

Vicki Williams, RN
Calloway Co. School Nurse/Health Coordinator

Wayne Young, Executive Director
KY Association of School Administrators

REPRESENTATIVE TO BE NAMED
KY School Counselors Association

**READ THIS NEWSLETTER
FOR FUTURE TASK
FORCE AND
SUBCOMMITTEE
ACTIONS**

SUMMARY OF REVISIONS FOR THE 2008 CLINICAL PRACTICE RECOMMENDATIONS

American Diabetes Association's (ADA) Revisions to the 2008 Clinical Practice Recommendations

- ADA Statements and ADA Position Statements have been combined under the category of ADA Position Statements. Such statements may be authored or unauthored, are reviewed and approved by the Professional Practice Committee and Executive Committee of the Association, and represent an official point of view of ADA.
- "The Standards of Medical Care in Diabetes—2008" has undergone substantial revisions compared with the 2007 version; the revisions are based on updated literature reviews and the desire to make the document more user-friendly. The following summarizes significant additions and revisions to the 2008 standards:

Additions to the "Standards of Medical Care in Diabetes"

- An executive summary on page S5 outlines all recommendations in the "Standards of Medical Care in Diabetes—2008".
- Table 5 lists screening recommendations and diagnostic cut points for gestational diabetes.
- Table 6 summarizes interventions and results of diabetes prevention trials.
- The "Approach to treatment" section includes a section on the general treatment of type 1 diabetes, in addition to the section on the general treatment of type 2 diabetes.
- A table summarizing the evidence for statin therapy in people with diabetes has been added (Table 10).

Revisions to the "Standards of Medical Care in Diabetes"

- Testing for pre-diabetes in asymptomatic patients (previously screening for diabetes):
 - A more explicit recommendation to consider testing adults of any age who are overweight or obese and have additional risk factors for diabetes.
- Prevention/delay of type 2 diabetes:
 - In addition to lifestyle counseling, metformin may be considered in those who are at very high risk (combined impaired fasting glucose and impaired glucose tolerance plus other risk factors) and who are obese and under 60 years of age.

Diabetes care:

- Components of the comprehensive diabetes evaluation revised.
- Continuous glucose monitoring may be a supplemental tool to SMBG for selected patients with type 1 diabetes, especially those with hypoglycemia unawareness.

- Glycemic goals have been listed in a separate table (Table 8).
 - Revisions to the language about glycemic goals: Lowering A1C to an average of 7% has clearly been shown to reduce microvascular and neuropathic complications of diabetes and possibly macrovascular disease. Therefore, the A1C goal for nonpregnant adults in general is <7%.
 - Epidemiologic studies have suggested an incremental (albeit, in absolute terms, a small) benefit to lowering A1C from 7% into the normal range. Therefore, the A1C goal for selected individual patients is as close to normal (<6%) as possible without significant hypoglycemia.
 - Less stringent A1C goals may be appropriate for patients with a history of severe hypoglycemia, patients with limited life expectancies, children, individuals with comorbid conditions, and those with longstanding diabetes and minimal or stable microvascular complications.
- The "Approach to treatment" section on type 2 diabetes has been revised.
- The "Medical Nutrition Therapy" section has been revised; updates to this section include the following revised recommendations for weight loss:
 - For weight loss, either low-carbohydrate or low-fat calorie-restricted diets may be effective in the short-term (up to 1 year).
 - For patients on low-carbohydrate diets, monitor lipid profiles, renal function, and protein intake (in those with nephropathy), and adjust hypoglycemic therapy as needed.
- The section previously titled "Referral for diabetes management" has been titled "When treatment goals are not met".
- The "Hypoglycemia" section has been revised to include more about prevention and hypoglycemia unawareness, with an additional recommendation:
 - Individuals with hypoglycemia unawareness or one or more episodes of severe hypoglycemia should be advised to raise their glycemic targets to strictly avoid further hypoglycemia for at least several weeks in order to partially reverse hypoglycemia unawareness and reduce risk of future episodes.

Prevention and management of diabetes complications:

- Hypertension/blood pressure control section: the number of treatment recommendations has been reduced to emphasize use of angiotensin converting-enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs).
- Dyslipidemia/lipid management section: the number of treatment recommendations has been reduced to emphasize use of statins for most patients. Several

recommendations have been revised:

- If drug-treated patients do not reach the above targets on maximal tolerated statin therapy, a reduction in LDL cholesterol of 40% from baseline is an alternative therapeutic goal.
- Triglyceride levels <150 mg/dl (1.7 mmol/l) and HDL cholesterol levels >40 mg/dl (1.0 mmol/l) in men and >50 mg/dl (1.3 mmol/l) in women are desirable. However, LDL cholesterol-targeted statin therapy remains the preferred strategy.
- Nephropathy screening and treatment: the number of recommendations has been reduced to emphasize use of ACE inhibitors or ARBs.

Diabetes care in specific populations:

- Children and adolescents with type 1 diabetes:
 - Consider age when setting glycemic goals in children and adolescents with type 1 diabetes, with less stringent goals for younger children.
 - Initial dyslipidemia therapy should consist of optimization of glucose control and medical nutrition therapy using a Step 2 American Heart Association diet aimed at a decrease in the amount of saturated fat in the diet.
 - After the age of 10 years, the addition of a statin is recommended in patients who, after MNT and lifestyle changes, have LDL cholesterol >160 mg/dl (4.1 mmol/l) or have LDL cholesterol >130 mg/dl (3.4 mmol/l) and one or more cardiovascular disease risk factors.
- New section on hypothyroidism, with new recommendations:
 - Patients with type 1 diabetes should be screened for thyroid peroxidase and thyroglobulin antibodies at diagnosis.
 - Thyroid-stimulating hormone (TSH) concentrations should be measured after metabolic control has been established. If normal, they should be rechecked every 1–2 years or if the patient develops symptoms of thyroid dysfunction, thyromegaly, or an abnormal growth rate. Free T4 should be measured if TSH is abnormal.
- The section on older adults now includes the following recommendations:
 - Older adults who are functional, cognitively intact, and have significant life expectancy should receive diabetes treatment using goals developed for younger adults.
 - Glycemic goals for older adults not meeting the above criteria may be relaxed using individual criteria, but hyperglycemia leading to symptoms or risk of acute hyperglycemic complications should be avoided in all patients.
 - Other cardiovascular risk factors should be treated in older adults with consideration of the timeframe of benefit and the individual patient. Treatment of hypertension is indicated in virtually all older adults, and lipid and aspirin therapy may benefit those with life expectancy at least equal to the timeframe of primary or secondary prevention trials.

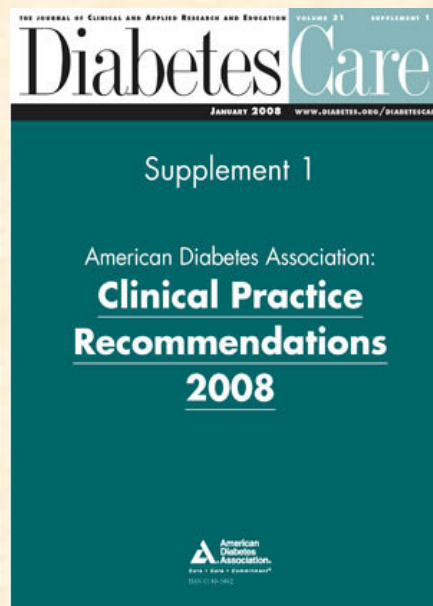
- Screening for diabetic complications should be individualized in older adults, but particular attention should be paid to complications that would lead to functional impairment.

Diabetes care in specific settings

- Diabetes care in the hospital: Glycemic goals have been modified slightly:
 - Critically ill patients: blood glucose levels should be kept as close to 110 mg/dl (6.1 mmol/l) as possible and generally <140 mg/dl (7.8 mmol/l). These patients require an intravenous insulin protocol that has demonstrated efficacy and safety in achieving the desired glucose range without increasing risk for severe hypoglycemia.
 - Non-critically ill patients: there is no clear evidence for specific blood glucose goals. Because cohort data suggest that outcomes are better in hospitalized patients with fasting glucose <126 mg/dl and all random glucoses <180–200 mg/dl, these goals are reasonable if they can be safely achieved. Insulin is the preferred drug to treat hyperglycemia in most cases.
- Diabetes care in the school and day care setting: recommendations have been slightly revised to incorporate only the diabetes medical management plan, as health care providers would not be involved with 504 plans.
- The "Emergency and disaster preparedness" section: based on the ADA Task Force report, the following new recommendations have been added:
 - People with diabetes should maintain a disaster kit that includes items important to their diabetes self-management and continuing medical care.
 - The kit should be reviewed and replenished at least twice yearly.

Source:

Diabetes Care Online,
<http://care.diabetesjournals.org>



GREATER LOUISVILLE MEDICAL SOCIETY PHYSICIANS TAKE **AIM** AT DIABETES

*Submitted by: Dottie Hargett, Greater Louisville Medical Society
Professional Relations, Louisville, KY*

On September 20, 2007 the Quality Improvement and Patient Safety Committee of the Greater Louisville Medical Society (GLMS) launched an exciting new initiative funded by an unrestricted grant from Novo Nordisk. The initiative referred to as "AIM", A=aligning forces I=Improving Quality M=Meeting Goals, will provide GLMS primary care physicians treating diabetes patients with access to a wide variety of support and educational services at no cost such as:

- Benchmarking of practice diabetes management
- Complete administrative assistance with the National Committee for Quality Assurance (NCQA) Diabetes Physician Recognition Program (DPRP) credentialing application process
- Chart extrapolation by an independent consultant
- CPT, ICD-9, and E/M documentation of diabetes services education
- Training in clinical administrative policies and procedures
- Vast array of practice management tools and staff education to assist in treating diabetes patients
- Extensive patient diabetes education tools

Through collaborative efforts with entities such as Bridges to Excellence (BTE), the Greater Louisville Medical Society (GLMS) will facilitate reward money to those physicians who receive their national "Diabetes Physician Recognition" through the National Committee for Quality Assurance (NCQA) and qualify for BTE. Additional grant monies will be awarded to physicians receiving their

"Diabetes Physician Recognition" on a first come, first serve basis to defray the DPRP application fee.

The Diabetes Physician Recognition Program (DPRP) program was developed by the National Committee for Quality Assurance (NCQA) in collaboration with the American Diabetes Association. It encourages physicians to use evidence-based measures as a means of providing quality care to diabetes patients. By earning NCQA certification through DPRP, a physician can demonstrate a commitment to quality patient care while also earning a mark of distinction by being recognized as a provider dedicated to attaining the highest levels of quality training.

The Greater Louisville Medical Society has contracted Professional Healthcare Institute of America, a division of Medical Staff S.O.S., Inc. to provide the consulting, chart extrapolation and coding education. Novo Nordisk, the Kentucky Diabetes Network (KDN), and other entities will provide the materials for the AIM Tool box along with patient education materials and training.

During the past three months, AIM Project Director, Dottie Hargett (also Director of GLMS Professional Relations) and Sherry Thomas, CEO and Director of Education for the Professional Healthcare Institute of America (PHIA) have been busy in the recruitment phase. Audits have begun in some of the practices.

**If you have any questions
about the program, you
may contact Dottie Hargett
at 502-736-6348 or
dottie.hargett@glms.org.**



KENTUCKY SELECTED FOR SUPER BOWL SUNDAY NATIONAL PROJECT

Super Bowl Sunday is the biggest pizza delivery day of the year, and the National Diabetes Education Program (NDEP), with the help of [Diabetes Prevention & Control Programs](#) in [Arizona](#), [Kentucky](#), [Washington State](#), and [West Virginia](#) teamed up with pizza restaurants in select markets to launch a pilot program designed to raise awareness about NDEP and free diabetes resources. Starting on Sunday, January 20, and again on Super Bowl Sunday, the four selected states and their pizza restaurant partners, placed a diabetes flyer called [One Call, One Click](#) on all pizza boxes that were delivered during specific high traffic days.

The purpose of the promotion was intended as a unique way to reach people with a public health message and – with one in three adults diagnosed with

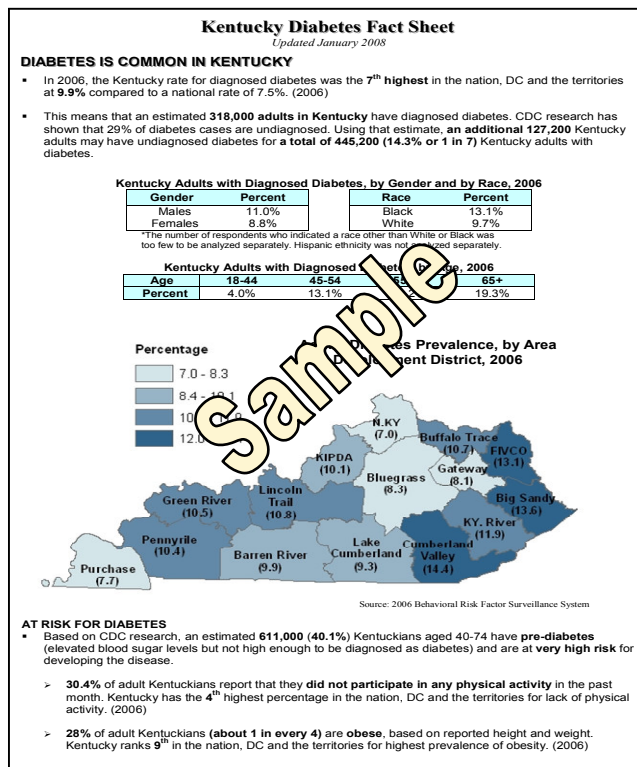


diabetes or at risk – NDEP felt it was important to try this outreach effort. The [One Call, One Click](#) approach isn't about telling people what they can and cannot eat. It's about raising awareness of NDEP's free diabetes information and materials available to help people understand how they can prevent or delay type 2 diabetes or manage the disease.

Debbie Embry and Kim Jackson with the Kentucky Diabetes Prevention and Control Program of the Louisville Metro Health Department, worked with NDEP and pizza delivery entities in the Louisville area to promote this NDEP project. Numbers of pizzas delivered with the NDEP [One Call, One Click](#) message along with the number of contacts received by NDEP for diabetes information are still being tabulated. **Watch this newsletter for the outcomes of this project.**

2008 KENTUCKY DIABETES FACT SHEET NOW AVAILABLE!

State epidemiologists, Teri Wood and Yvonne Konnor, recently released The Kentucky Diabetes Prevention and Control Program's (KDPCP) *2008 Kentucky Diabetes Fact Sheet*! Data from these fact sheets may be useful in writing grants, giving presentations, talking with community leaders and more! For copies, go to the Kentucky Diabetes Prevention and Control Program's website at www.chfs.ky.gov/dph/ach/cd/diabetes or call KDPCP at 270-564-7996.



DIABETES IS A SERIOUS DISEASE IN KENTUCKY

- Diabetes is the 6th leading cause of death in Kentucky and the 5th leading cause of death by disease (2003).
- There were 116,091 diabetes related hospitalizations in 2006, accounting for 17.9% (1 in every 6) of all hospitalizations.
 - 2,827 hospitalizations due to diabetic ketoacidosis
 - 1,196 hospitalizations for lower extremity amputations due to diabetes
 - 2,744 hospitalizations due to cerebrovascular disease with diabetes
 - 10,285 hospitalizations due to ischemic heart disease with diabetes
- In 2005, there were 583 new cases of end-stage renal disease related to diabetes
- Among persons with diabetes:
 - 23% reported that diabetes affects their eyes or have retinopathy (2006)
 - 14% reported they had a foot sore that took more than four weeks to heal (2006)

DIABETES IS A COSTLY DISEASE IN KENTUCKY

- The cost of diabetes in Kentucky is staggering. A 2004 Publication from AHRQ calculates the direct cost (medical care) and indirect cost (loss of productivity and premature mortality) of diabetes in Kentucky totaled approximately **\$2.9 billion** in 2002.

DIABETES IS A CONTROLLABLE DISEASE

- Much of the sickness and death associated with diabetes can be prevented through treatment approaches including normalization of blood glucose levels, routine physical exams, self-management training, a yearly dilated eye exam, routine foot exams, and A1C checks.
- Reported preventive care practices among adults with diabetes in Kentucky and the nation are shown in the table below.

Reported Preventive Care Practices Among Adults with Diabetes, Kentucky and US						
Preventive Care Practice	2000	2003	2004	2005	2006	US 2005
Saw a health professional for diabetes in the past year	94%	94%	93%	90%	91%	89%
Ever taken a course or class about diabetes	47%	46%	43%	49%	46%	53%
Checked blood glucose ≥ 1 time in the past year	58%	64%	64%	67%	67%	63%
Received a dilated eye exam in the past year	71%	75%	66%	70%	71%	69%
Received a foot exam ≥ 1 time in the past year	64%	62%	64%	62%	64%	69%
Received a flu vaccination in last year	52%	52%	57%	55%	44%	50%
Ever received a pneumonia vaccine	40%	39%	48%	49%	42%	53%
Had A1C checked ≥ 2 times in the past year	55%	57%	61%	63%	61%	69%

Source: Behavioral Risk Factor Surveillance System 2001 - 2006

Diabetes is a common, serious, costly, and controllable disease that affects thousands of individuals in Kentucky and poses a major public health problem.

Data Sources: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention (CDC); undiagnosed diabetes estimate based on prevalence in the general population, CDC, *MMWR* 52(35):833-837; pre-diabetes estimate based on national estimate, CDC, National Diabetes Fact Sheet; mortality data from Surveillance and Health Data Branch, KY Department for Public Health; Hospitalization Claims Data, Health Policy Analysis Branch, KY Department for Public Health; ESRD data from The Renal Network, Inc.; diabetes cost from Agency for Healthcare Research and Quality; US preventive care practices from <http://www.cdc.gov/diabetes/statistics/index.htm#prevalence>.



KENTUCKY PROVIDERS RECEIVE REPORTS ON THEIR DIABETES CARE

Submitted by: Randa Deaton and Mary Lyle, Kentuckiana Health Alliance & UAW/Ford Community Health Initiative Jeffrey Rice, M.D. M.S., Kentucky Health Quality Agenda & Health Care Excel

A consortium of key healthcare stakeholders in the Greater Louisville area is working collaboratively with a state-wide consortium to promote best practices and improve patient care in the Louisville area and throughout the Commonwealth. The Kentuckiana Health Alliance Quality Improvement Consortium (KHAQI-C) and the Kentucky Health Quality Agenda (KHQA) are comprised of healthcare providers, professional organizations, health plans, hospitals, employers, government entities, labor unions, non-profit advocacy groups, and other healthcare stakeholders.

The consortiums jointly adopted the 2007 Guideline for the Management of Adult Diabetes, which is being promoted by all stakeholders and is available on the Kentuckiana Health Alliance website. By creating alignment with local organizations, the consortiums have allowed providers to receive one abridged guideline that is promoted by all the stakeholders. With the goal of improving care system-wide, the abridged guideline is based on national standards and includes recommended lab tests, exams, essential patient education, and medical recommendations.

Additionally, Consolidated Measurement Reports on ambulatory diabetes care were created and distributed to primary care providers that care for a minimum of five adults with diabetes.

Anthem, Humana, and Passport Health Plans provided data derived from their annual Diabetes HEDIS submissions on A1c and LDL testing, dilated eye exams, and nephropathy testing rates. This comprehensive, consolidated feedback report allows individual providers to privately compare their data to a regional and state average and to Louisville and Kentucky benchmarks. The consolidated data does not include patient identifiers and complies with the protocol of the Health Insurance Portability and Accountability Act. In the Louisville area, KHAQI-C distributed these reports to 404 primary care providers in 2006 and 515 providers in 2007. In Kentucky, KHQA distributed its first report on diabetes to 962 primary care providers in 2007.

Reports on breast cancer screening and management of pediatric asthma were also created and distributed to Louisville and Kentucky providers in 2007. Additional clinical areas of focus are currently being selected for 2008 reports. This project is modeled after the Kansas City Quality Improvement Consortium (KCQIC) model, which achieved impressive community-wide improvements in clinical measures (www.kcqic.org). KHAQI-C and KHQA expect to see similar improvements in the coming years in Louisville and Kentucky.

If you would like to learn more about KHAQI-C or KHQA, please www.kentuckianahealthalliance.org or contact either of the KHAQI-C Project Directors, Randa Deaton or Mary Lyle, at 502-238-3601 or the KHQA Project Director, Jeffrey Rice, MD at 859-273-9700.

Table Shows the Aggregate Measurements From Consolidated Measurement Reports on Diabetes

	Louisville Area ¹ Average		Louisville Benchmark ²		KY Average ³	KY Benchmark ⁴
	2005	2006	2005	2006	2006	2006
Diabetes Denominator:	7795	12256	840⁵	1248⁵	23672	2486⁵
HbA1c Tested	81%	82%	98%	98%	84%	99%
LDL-C Screening Performed*	81%	85%	97%	98%	87%	99%
Eye exam (retinal) performed	51%	42%	78%	71%	43%	72%
Nephropathy monitored*	45%	75%	92%	96%	71%	98%

***DUE TO HEDIS MEASURE SPECIFICATION CHANGES IN 2007, RESULTS FOR THIS MEASURE CANNOT BE TRENDED TO PREVIOUS YEARS RESULTS.**

- 1 LOUISVILLE AREA INCLUDES JEFFERSON, OLDHAM, AND BULLITT COUNTIES OF KENTUCKY AND FLOYD, HARRISON, CLARK, AND SCOTT IN INDIANA. MEASURES REFLECT OVERALL PERFORMANCE OF ALL LOUISVILLE AREA PROVIDERS AS AVAILABLE FROM THE PARTICIPATING PLANS' ADMINISTRATIVE DATA.**
- 2 LOUISVILLE BENCHMARK IS AN AVERAGE RATE FOR THE TOP-RANKED LOUISVILLE AREA PROVIDERS WHOSE PATIENTS TOGETHER ACCOUNT FOR 10% OF THE TOTAL POPULATION IN THIS REPORT WITH RESPECT TO EACH MEASURE.**
- 3 KENTUCKY INCLUDES ALL COUNTIES IN KENTUCKY. MEASURES REFLECT OVERALL PERFORMANCE OF ALL KY PROVIDERS AS AVAILABLE FROM THE PARTICIPATING PLANS' ADMINISTRATIVE DATA.**
- 4 KENTUCKY BENCHMARK IS AN AVERAGE RATE FOR THE TOP-RANKED PROVIDERS IN KY WHOSE PATIENTS TOGETHER ACCOUNT FOR 10% OF THE TOTAL POPULATION IN THIS REPORT WITH RESPECT TO EACH MEASURE.**
- 5 AVERAGE NUMBER OF BENCHMARK PHYSICIANS PER EACH MEASURE.**



GROUP DIABETES SELF-MANAGEMENT TRAINING

Louisville, KY

April 2-3, 2008

**Masterson's Special Events &
Conference Center
1830 South 3rd Street
Louisville, KY 40208**

An educational program to train professionals how to teach diabetes group classes sponsored by the Kentucky Diabetes Prevention and Control Program

**Training is free.
Registration is required
at <https://ky.train.org>.
Course ID: 1010534**

Space is limited. Register soon!

Registration Deadline: March 26, 2008

What to Expect

This two day interactive training will equip RNs, RDs, and other licensed professionals with tools and resources to teach Diabetes Self-Management Training (DSMT) to patients with diabetes.

- Curriculum developed by the Kentucky Diabetes Prevention and Control Program will be provided.
- Upon completion of class, participants will be expected to teach at least one set of group DSMT using the curriculum provided within one fiscal year and report required data.

Schedule

Day 1: Training from 8:45 a.m. to 4:45 p.m.

Day 2: Training from 9:00 a.m. to 4:15 p.m.

Questions

Contact Amy Campbell at 859-288-2347 or amyl.campbell@ky.gov.

Continuing education credit is being sought from the Kentucky Board of Nursing and the Commission on Dietetic Registration.

DIABETES CARE AND EDUCATION LEGISLATIVE ACTIVITY AWARD GOES TO KENTUCKY REGISTERED DIETITIAN



Deborah Fillman (above) Received the National Diabetes Care and Education Legislative Activity Award

Submitted by: Merritt Bates Thomas, RD, LD, President Elect of the Kentucky Dietetic Association and Nutrition Services Coordinator of the Green River District Health Department

The American Dietetic Association's *Diabetes Care and Education Practice Group* recognized Deborah Fillman, MS, RD, LD, CDE, from Owensboro, Kentucky, with this year's "*Diabetes Care and Education Legislative Activity Award.*"

Debbie has been active over the past several years through the Kentucky Diabetes Network's Advocacy Workgroup and her job with the Kentucky Diabetes Prevention and Control Program.

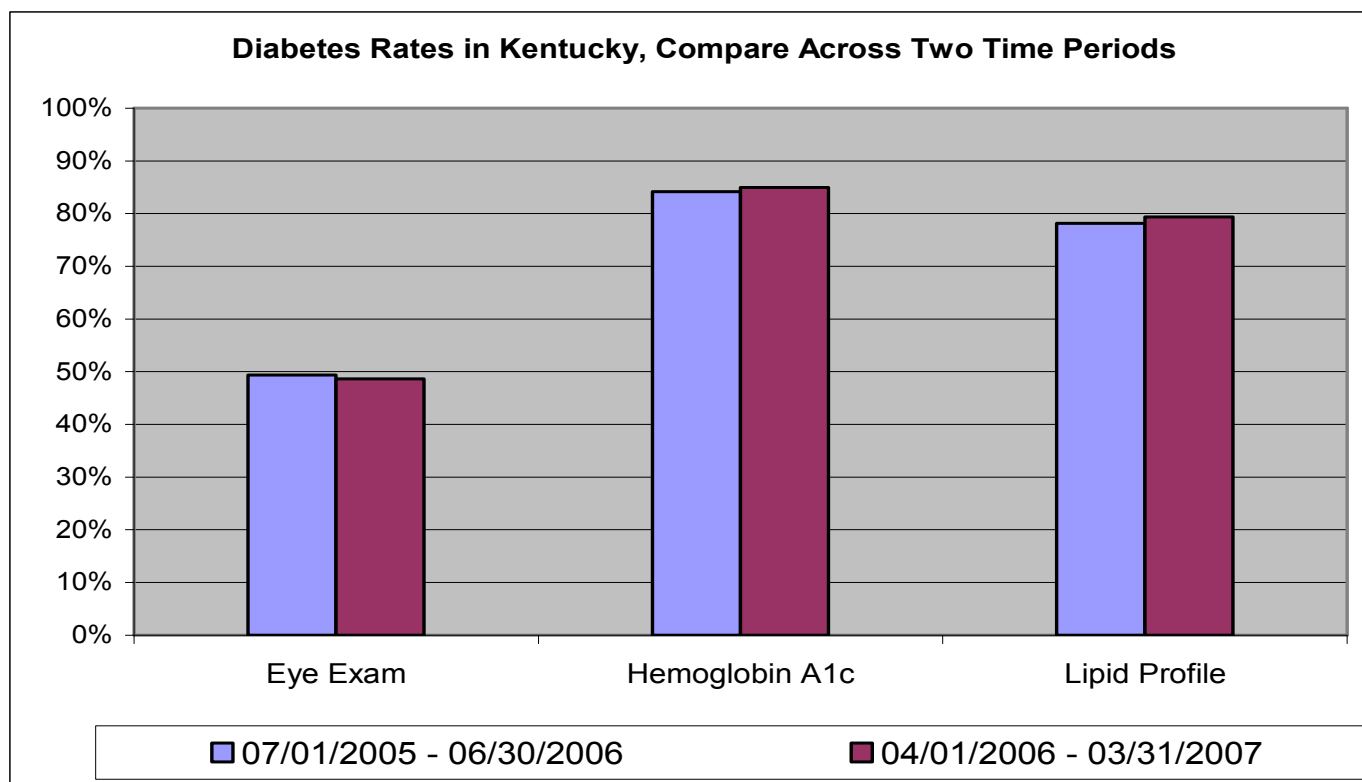
In attempting to increase diabetes awareness and funding, Deborah was instrumental in the organization of *Diabetes Day at the Capitol* this past year where 141 diabetes advocates (diabetes educators, dietitians, and individuals with diabetes) gathered at the Kentucky State Capitol for a rally.



Kentucky Diabetes Rates



Measurement Period	Diabetes (age 18-75)		
	Eye Exam	Hemoglobin A1c	Lipid Profile
07/01/2005 - 06/30/2006			
Numerator	38,032	64,902	60,269
Denominator	77,109	77,109	77,109
Rate	49.3%	84.2%	78.2%
04/01/2006 - 03/31/2007			
Numerator	37,417	65,367	61,081
Denominator	76,961	76,961	76,961
Rate	48.6%	84.9%	79.4%



Diabetes rates are based on Medicare Outpatient claims data. Measure periods overlap by one quarter. This material was prepared by Health Care Excel, the Medicare Quality Improvement Organization for Kentucky, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy.

Certified Diabetes Educator 2008 Examination Dates Set

For 2008*, the Certified Diabetes Educator (CDE) Examination dates are:

Spring Examination: Saturday, May 3, 2008
Application Postmark Deadline: January 15, 2008

Fall Examination: Saturday, October 25, 2008
Application Postmark Deadline: July 15, 2008

**2008 Certification Handbook now available. Do not apply for the 2008 Examination using the 2007 Certification Handbook/Application.*

Obtain an Application for the Certification Examination

The 2008 Certification Handbook (and Application) is now available via download and mail. To obtain the 2008 Handbook via mail, send a request including your mailing address, telephone, facsimile or e-mail to NCBDE's testing agency, Applied Measurement Professionals (AMP) (see address below). The handbook and application will be sent to you free of charge.

Applied Measurement Professionals, Inc.

ATTN: NCBDE Coordinator

18000 West 105th Street

Olathe, KS 66061-7543

Phone 913 895-4600

Fax 913 895-4651

(e-mail) [mailto:info@goamp.com?subject= 2008 CDE Application and Handbook](mailto:info@goamp.com?subject=2008%20CDE%20Application%20and%20Handbook)



USING OUR HEARTS AND MINDS TO PREVENT HEART DISEASE AND STROKE IN KENTUCKY YOUR INPUT IS NEEDED

Did you know...

- Heart disease is the #1 cause of death in Kentucky
- Stroke is the #3 cause of death in Kentucky
- Kentucky is in the top 10 of states for stroke and heart disease mortality
- Heart disease cost an estimated \$431.8 billion in the U.S.

We need your help...

To address this epidemic, the Kentucky Department for Public Health, through a Center for Disease Prevention and Control (CDC) Heart Disease and Stroke Prevention Grant, is seeking input from the community through Regional Partnership Meetings. Your input at these meetings will be used to develop a statewide action plan to address heart disease and stroke and their associated health consequences.

Topics to be discussed:

- Increase control of high blood pressure and cholesterol
- Increase knowledge of signs and symptoms for heart attack and stroke and the importance of calling 9-1-1

- Improve emergency response
- Improve quality of heart disease and stroke care
- Eliminate health disparities in terms of race, ethnicity, gender, geography or socio-economic status



Please mark your calendar for a site convenient to you:

Paducah: Carson Center, March 25, 2008, 5–7 p.m. CST*

Bowling Green: Carroll Knicely Center, April 15, 2008, 10:30 a.m.–1:30 p.m. CST*

Somerset: Center for Rural Development, April 29, 2008, 10:30 a.m.–1:30 p.m. EST*

Hazard: Primary Care Center of Eastern KY, May 1, 2008, 10 a.m.–2:00 p.m. EST*

**Please register at www.ky.train.org. Plan to be at the meeting thirty minutes before the listed start time.*

If you have any questions, please contact Bonita Bobo at bonitaA.bobo@ky.gov or 502-564-7996 extension 3625.

DIABETES CONVERSATION MAPS APPROVED FOR NATIONAL DIABETES RECOGNITION *TRAININGS PLANNED FOR KENTUCKY AND INDIANA*

Ruth Schumacher with Healthy Interactions recently announced that the U.S. Diabetes Conversation Maps now meet the American Diabetes Association's (ADA) Recognition criteria for a complete Diabetes Self Management Education (DSME) curriculum.

The content of the Conversation Maps®, with supporting materials in the facilitator guide including the objectives and evaluation plans for each Conversation Map are all included as part of the approved curriculum.

ADA Recognition is awarded for meeting all National Standards for Diabetes Self Management Education and is Medicare reimbursable. The U.S. Diabetes Conversation Maps only pertain to and support the Curriculum Standard (2007 Standard 6).

The objectives and evaluation plans that make the curriculum complete are available online <http://www.healthyi.com/hcp/diabetes/SignIn.aspx>, log on to your account and then click on My HCP Resources.

For more information contact the Healthy Team, Ruth Schumacher, Healthy Interactions, 351 West Hubbard Street, Suite 500, Chicago, IL 60610, Ph: 312.755.1053.

**SEE TRAININGS SCHEDULED
FOR KENTUCKY AND
INDIANA IN BOXES TO THE
RIGHT!**



Journey for Control

Training Session

Lexington, KY
Marriott Griffin Gate
(Newtown Pike)
Thursday, March 13
6:00 PM.

This program has been well-received by diabetes educators throughout the state!

A light dinner will be served prior to the training. Participants will receive conversation maps, a handbook, and other education resources.

Visit the Journey for Control website to register
www.journeyforcontrol.com.

"We at the ADA believe Conversation Maps are one of the most important innovations in patient education in a decade."
—Karmeen Kulkarni, MS, RD, DC-ADM, CDE Past President, Healthcare and Education of the ADA

The Merck Journey for Control™ program is proud to sponsor the US diabetes Conversation Maps.

Get trained and receive your complimentary set of Conversation Maps

Attend a training session for GLADE:

Floyd Memorial Hospital and Health Services 1850 State Street
812.949.5515 New Albany, IN 47150

March 6, 2008 From 4-7pm
A light dinner will be served.

Register now at
www.journeyforcontrol.com

Created by **Healthy!** In Collaboration with **American Diabetes Association**

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MERCK
Brought to you by the
Journey for Control Program
www.journeyforcontrol.com

"HELP IS HERE EXPRESS" VISITS KENTUCKY

During the last week of February, the *"Help is Here Express"* bus visited several sites in Kentucky including Ashland, Covington, Frankfort, Louisville and Prestonsburg. The bus tour is part of Partnership for Prescription Assistance (PPA), a nationwide effort raising awareness of patient assistance programs and the need to effectively address the rising and alarming rates of chronic disease in the United States.

The bus is equipped with computer terminals and phones so people can find out (for free) if they may be eligible for one or more of 475 patient assistance programs, many of which offer free or nearly free prescription medicines for those in need. Trained specialists are on board to make sure the process is quick and easy.

The *"Help is Here Express"* bus is sponsored by America's Pharmaceutical Research Companies along with patient advocacy, healthcare providers and community groups.



To learn more about the Partnership for Prescription Assistance, call 1888-4PPA NOW (1-888-477-2669) or visit www.pparx.org.

For more information regarding the *"Help is Here Express"* bus tour, please contact Steve Bryant at sbryant@perituspr.com or Charissa Acree at cacree@perituspr.com.

JOIN 4,000 OF YOUR COLLEAGUES IN DC



Diabetes Educators: Bringing Our Worlds Together

You will:
Earn 20+ CE credit hours.
Visit with nearly 300 exhibitors.
Network with 4000 diabetes educators.
Choose from over 100 educational sessions.

WASHINGTON D.C.

AADE

35th ANNUAL MEETING

2008

AUGUST 6-9, 2008

Save \$\$\$ with early registration rates when you register online today!
www.diabeteseducator.org

Kentucky Medicaid

Do YOU Know What It Takes to Qualify?

Have you ever had a patient without insurance who needed help with their health care but you were not sure if they would qualify for Kentucky Medicaid services?

WHO IS ELIGIBLE?

- **Adults Aged, Blind, or Disabled**

Individuals or families with dependent children may be eligible for Medicaid if they meet the following requirements:

- A pregnant woman;
- A dependent child under age 19. (The child does not have to live with a parent or close relative in order to receive Medicaid);
- Parent(s) (one or both) of the dependent child if one parent has left the home, cannot work due to sickness or disability, or has died;
- Parents (both) living with the dependent child, if the parent who earned the most income in the last 24 months is unemployed.

WHAT ARE INCOME AND RESOURCE REQUIREMENTS?

The income and resources of the family members who may receive Medicaid coverage must be within Medicaid program guidelines. If a parent is under age 21 and lives with her/his parent(s), her/his parent's income is considered in the Medicaid eligibility determination. The income limits are based on family size. For pregnant women, an additional family member is added for each unborn child.

The family's income, after deductions, cannot be more than the following income limits. (Deductions include a work expense deduction up to \$90 and a dependent child care deduction for child care cost. The maximum dependent child care deduction for family members under two years of age is \$200; for family members over two years of age \$175 for full-time employment and \$150 for part-time employment.)

Monthly Income Amounts for Families

Size of Family	Monthly Income
1	\$217
2	\$267
3	\$308
4	\$383
5	\$450

For each additional member add \$60 to the monthly income amount.

For pregnant women and children up to age one, the limit is 185% of the federal poverty levels as follows:

Size of Family	Monthly Income
1	\$1,511
2	\$2,035
3	\$2,560
4	\$3,084
5	\$3,608

For each additional member add \$525 to the monthly income amount.

For children up to the age of 19, the limit is 200% of the federal poverty level as follows:

Size of Family	Monthly Income
1	\$1,634
2	\$2,200
3	\$2,767
4	\$3,334
5	\$3,900

For each additional member add \$567 to the monthly income amount.

Resources (checking / savings accounts, cash on hand, stocks, bonds, CD'S, etc.) are considered in the Medicaid determination and must not be more than \$2,000 for a family size of one and \$4,000 for a family size of two. Fifty dollars is added to the resource limit for each additional family member.

Note: Resources are not considered in the Medicaid determination for pregnant women and children.

An application for Medicaid or KCHIP may be filed at your [local Department for Community Based Services Office](#). At the time of application, an individual or family should be advised to bring proof of:

- Social Security Number;
- Proof of Identity (Drivers License);
- Proof of Citizenship (Birth Certificate);
- Health Insurance;
- Pregnancy (Doctor statement verifying pregnancy and expected date of delivery), if applicable;
- Income
- Non pregnant parents should bring proof of resources (last three months bank statements, checking, or savings account, life insurance policies, stocks and bonds), if they want Medicaid Coverage for themselves.

5 Things You Can Do For National Diabetes Alert Day



**TUESDAY
MARCH 25, 2008**

1. Send a pre-written e-card which contains information about a free on-line diabetes risk test to your co-workers, church group, social group, family and friends by visiting www.diabetes.org. It is easy and a great way to reach people!
2. Use existing resources to have an Alert Day Event at your workplace. There are already pre-made lesson plans, resources, handouts, and kits to get you started at the following web-sites:
 - www.diabetes.org
 - www.diabetesatwork.org
 - www.ndep.nih.gov
3. Contact the media and spread the word! A grassroots effort is underway in Kentucky!
 - Call your local newspaper to see if they will do a story on diabetes or a person with diabetes from your home town!
 - If you have a local radio station, volunteer to do an interview about diabetes in Kentucky, or preventing diabetes in our youth.
 - Ask school personnel if you can put an article in the school newspaper about healthy eating and activity to prevent diabetes.
 - Put an article in your local church bulletin or club newsletter with information about how to get a free risk test on-line or other local sources.
 - Ask if you can post diabetes information at your local pharmacy, grocery store, or hair salon to help spread the word!
4. Become a sponsor of a local diabetes event or collect spare change and donations from everyone all day March 25th and donate it to American Diabetes Association.
5. Sign up to volunteer for an event in 2008 to show you care! In Kentucky, contact **Beth Clingaman in Louisville at 502-452-6072** and **Lisa Edwards in Lexington at 859-268-9129**.



Mission- to prevent and cure diabetes and to improve the lives of all those affected by diabetes.

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

CE Diabetes Update 2008
April 17-18, 2008

Description: The comprehensive updated evidence based information provided in this course will be useful for diabetes educators and will provide a review and update for clinical practice.

Faculty: Elizabeth Y. Holden, MSN, RN, CDE, Diabetes Nurse Clinical Specialist and Consultant, UK

Leslie Scott, PhD, ARNP, CDE, Pediatric Nurse Practitioner, Clinician and Faculty, UK College of Nursing

Sheri L. Setser-Legg, MS, RD, LD, CDE, Senior Clinical Dietitian, Diabetes Educator, UK

Location: Lake Barkley State Resort Park, Cadiz, KY

Fee: \$275

For details on this frequently requested and timely conference, go to: www.ukconce.org

CENTERS FOR DISEASE CONTROL
2008 ANNUAL DIABETES CONFERENCE



Department of Health and Human Services

Centers for Disease Control and Prevention

May 5-8, 2008

Wyndham Orlando Resort Hotel
8001 International Drive
Orlando, Florida 32819

Hotel Reservations: 407-351-2420 or 800-421-8001

The conference will bring together more than 600 participants from a wide range of local, state, federal, and territorial governmental agencies and private-sector diabetes partners.

Conference Goals

- Explore science, policy, education, program planning, implementation, and evaluation to enhance public health approaches and strategies to prevent and control diabetes.
- Increase knowledge and awareness of successful, cost-effective, public and private diabetes programs.
- Present innovative strategies to increase awareness of diabetes and how to prevent its complications.
- Provide opportunities for skill-building, information-sharing, and networking.

For more information and to register, visit the Centers for Disease Control website at: <http://www.cdc.gov/diabetes/conferences/>.

DECA DIABETES EDUCATOR
MEETINGS SCHEDULED

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Susan Roszel, corresponding secretary at sroszel@fuse.net or Jana McElroy at jmcelroy@stelizabeth.com or call 859-344-2496. Meetings are held in Cincinnati.

Date: March 17, 2008

Location: Good Samaritan Hospital, Cincinnati, OH

Topic: Details to be determined

Date: April 21, 2008

Location: Good Samaritan Hospital, Cincinnati, OH

Topic: Details to be determined

GLADE DIABETES EDUCATOR
MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the 2nd Tuesday every other month. Registration required. Please register by contacting Diana Metcalf at Diana.Metcalf@nortonhealthcare.org.

Date: March 11, 2008

Location: St. Mary's and Elizabeth Hospital
1850 Bluegrass Ave., Louisville, KY

Time: 4:30 - 5 pm Registration

5 - 6 pm Dinner

6 - 7:30 pm CE Program Presentation

Speaker: Kent Stoneking, Pharm.D., CDE

Topic: *Managing the Microvascular and Macrovascular Complications of Diabetes*

RSVP: Brigid Crush (502) 425-2165 or Cell (502) 664-8962

2008 DIABETES WALK
PLANNED FOR LEXINGTON

Mark Your Calendar! The American Diabetes Association's *Step Out to Fight Diabetes* has been set for May 31, 2008 at Keeneland Race Course. For more information, contact Lisa Edwards at 859-268-9129 or ledwards@diabetes.org.



ENDOCRINOLOGISTS MEETINGS SCHEDULED

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact: Dr. Vasti Broadstone, Phone: 812-949-5700 E-mail: joslin@FMHHS.com.

KADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of every month except summer (time & location vary). For a schedule or more information, go to <http://kadenet.org/> or contact:

Dana Graves Diane Ballard
Phone: 859- 313-1282
E-mail: gravesdb@sjhlex.org DianeBallard@alltel.net

Date: March 26, 2008
Time: 5:30 pm—8 pm
Location: St. Joseph Office Park, Building D
4th Floor, Chase Room
Lexington, KY
Program: Meeting and CE Program
Speaker: Amanda W. Merchant PhD
Clinical and Health Psychologist
Bluegrass Health Psychology, Inc.
Topic: *The Link Between Diabetes and Depression: Intervention and Medical Management*

KADE SPRING SYMPOSIUM

2008 KADE Spring Symposium
"Guiding the Active Individual with Diabetes"

April 15, 2008
Saint Joseph Office Park
Lexington, KY

Speakers: Charlotte Hayes, MMSc, LD, RD, CDE
Bruce Bode, MD
Phil Southerland

Registration: 8:00 a.m.

Program: 8:30 a.m.-12:30 p.m.

Non-KADE members are also invited.

CE fees will be collected during registration.

RSVP: Everyone must RSVP online at www.kadenet.org by going to the Calendar of Events and clicking on "RSVP to this event."

KENTUCKY DIABETES NETWORK (KDN) MEETINGS SCHEDULED

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. A membership form may be obtained at www.kentuckydiabetes.net or by calling 502-564-7996 (ask for diabetes program).

2008 meeting times are 10:00 am—3:00 pm EST
"First-timers" should arrive by 9:30 am

Date: March 14, 2008
Kentucky History Center, Frankfort, KY
Speaker: **Lt. Governor Daniel Mongiardo, MD**

Date: June 13, 2008
Fayette Co. Extension Office, Lexington, KY

Date: September 12, 2008
Kentucky History Center, Frankfort, KY

Date: November 7, 2008
Masterson's Restaurant Louisville, KY

TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN, meets quarterly from 11 – 2 pm CST with complimentary lunch and continuing education. To register, call (270) 686-7747 ext. 5581 or email deborah.fillman@ky.gov.

Date: April 17, 2008
Time: 11:00 am—2:00 pm
Location: OMHS Health Park
1006 Ford Avenue
Owensboro, KY

Speaker: Sherry Martin, MD
Topic: *The State of Diabetes: Clinical Trials*

Date: July 17, 2008
Time: 11:00 am—2:00 pm
Location: The Health & Wellness Center
Greenwood Mall
2625 Scottsville Road
Bowling Green, KY

Speaker: Details to be determined
Topic: Details to be determined

Kentucky Diabetes Connection



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Contact Information



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KENTUCKY ASSOCIATION
of DIABETES EDUCATORS



Bluegrass/Eastern Chapter

www.kadenet.org



dedicated to finding a cure

[www.jdrf.org/chapters/
KY/Kentuckiana](http://www.jdrf.org/chapters/KY/Kentuckiana)
1-866-485-9397



Tri-State Association
of Diabetes Educators

[www.aadenet.org/
AboutAADE/Chapters.html](http://www.aadenet.org/AboutAADE/Chapters.html)



www.louisvillediababetes.org



Diabetes Educators Cincinnati Area

[www.aadenet.org/
AboutAADE/Chapters.html](http://www.aadenet.org/AboutAADE/Chapters.html)



KENTUCKY DIABETES NETWORK, INC.

www.kentuckydiabetes.net



Kentucky
UNBROKEN SPIRIT

www.chfs.ky.gov/dph/ach/cd/diabetes



American
Association
of Clinical
Endocrinologists

Ohio River Regional Chapter

www.aace.com

Kentuckiana Endocrine Club

joslin@fmhhs.com

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